

Prospect Surgery

Inspection report

The Health Centre
20 Cleveland Square
Middlesbrough
TS1 2NX
Tel: 01642210220
www.prospectsurgery.nhs.uk

Date of inspection visit: 09 July 2021
Date of publication: 03/09/2021

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced inspection at Prospect Surgery on 9 July 2021. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring – not rated at this inspection

Responsive – not rated at this inspection

Well-led – Inadequate

Our previous inspection report of 20 March 2017 rated the practice as Good overall and for all key questions and all population groups.

At our inspection on 23 June 2021, which was an unannounced, responsive unrated inspection at Prospect Surgery, serious concerns were identified with regards to the safe care and treatment of patients undergoing non-therapeutic circumcisions. We also identified serious concerns about the risk assessment, record keeping and governance arrangements supporting that. We were not assured that the service was safe.

The full reports for previous inspections can be found by selecting the 'all reports' link for Prospect Surgery on our website at www.cqc.org.uk

Why we carried out this inspection:

This was an announced, focused inspection including a site visit following the concerns identified in the 23 June 2021 inspection:

The focus of this inspection was to inspect the areas we identified as being of concern at the June 2021 inspection, as the purpose of that inspection had been to look at non-therapeutic circumcision care and treatment only. We therefore inspected the key areas of:

- Are services safe?
- Are services effective?
- Are services well led?

Ratings in the caring and responsive key questions are carried forward from the 2017 inspection.

How we carried out the inspection:

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

Overall summary

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.
- Conversations with staff on site and staff questionnaires.

Our findings:

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected.
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Inadequate overall and inadequate for all population groups.

We found that:

- Inadequate infection control arrangements posed a risk to patients and staff.
- The lack of effective communication between the provider and other health and social care agencies inhibited the sharing of key information with regard to safeguarding.
- There was an absence of systems and processes to mitigate risks and provide clinical governance.

We found two breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. The team also included a second CQC inspector.

Background to Prospect Surgery

Prospect Surgery is located at:

The Health Centre,
20 Cleveland Square,
Cleveland Health Centre,
Middlesbrough,
TS1 2NX

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from a single site.

The practice is situated within the Tees Valley Clinical Commissioning Group (CCG) and delivers General Medical Services to a patient population of about 6,400. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices (Central Middlesbrough Primary Care Network that delivers services to approximately 48,000 patients in central Middlesbrough).

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 13% Asian, 81% White, 2% Black, 2% Mixed, and 2% Other.

There is a team of three GPs two are partners and one is a salaried GP. The practice has two nurses and one health care assistant. The nurses provide nurse led clinics for childhood immunisations but are not providing clinics for long-term conditions as they have not yet completed the required training. The GPs are supported at the practice by a team of reception/administration staff and a practice manager.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needed to see a patient face-to-face then the patient was offered a face to face appointment.

Extended access is provided locally by STAR – the local extended GP hours service accessed via telephoning NHS 111, where late evening and weekend appointments are available. Out of hours services are provided by telephoning NHS 111 or NHS 999 for a life-threatening medical emergency.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the practice did not always provide care and treatment in a safe way. In particular:</p> <ul style="list-style-type: none">• Patients prescribed high risk medicines were not being monitored in accordance with current guidelines.• Medicines commonly used to thin the blood and for the treatment of asthma were being batch prescribed (repeat prescriptions, prescribed in advance), meaning there was no way of ensuring that the patients contacted you for a repeat prescription which would ensure that the required regular monitoring could be carried out.• Patients were being co-prescribed medicines outside of manufacturers guidelines and there was no evidence that the risks associated with this prescribing had been considered and no rationale recorded in the patient's notes.• Medication reviews were not always carried out, structured, included only limited narrative, and did not relate to individual medicines.• Female patients being prescribed valproate medicines were not enrolled in pregnancy prevention plans, as stated in the latest guidance. The guidance states this should include the completion of a signed risk acknowledgement form when their treatment is reviewed by a specialist, at least annually.• The care and treatment provided for patients requiring cervical screening and childhood immunisations were lower than national targets of 80% for cervical screening uptake in eligible women and 90% for childhood immunisations.

This section is primarily information for the provider

Enforcement actions

- Records of staff vaccinations/immunity and was told there were not held.
- There were no mechanisms in place to ensure that infection prevention and control (IPC) measures were adequately carried out.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:

- There was not an effective system in place for the clinical triage of patients contacting the practice by telephone.
- There was no overview of the clinical record keeping of staff employed by the provider, including recently appointed staff.
- The follow up system to improve quality outcomes for patients was ineffective.
- You were unable to demonstrate that there were effective systems in place to ensure that patients being prescribed high-risk medicines were always appropriately monitored.
- The system for managing alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) was not effective.
- There were no systems in place to ensure GPs responded to changes in National Institute for Health and Care Excellence (NICE) guidance.

Enforcement actions

- The systems in place to support infection prevention and control within the practice were not effective.
- The systems in place to support effective multi-disciplinary discussions in order to protect children or adults who were subject to safeguarding plans were not effective.
- The systems in place to support communication were not effective.
- There was a lack of effective systems to ensure that the learning outcomes from significant events such as serious incidents and complaints were shared with staff.
- The practice's approach to risk management overall was inconsistent and ineffective.
- The system in place to monitor the completion of training by staff employed by the provider was not effective.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.